Weekly Situation Report # 4  
Date of issue: 22 November 2017  
Period covered: 16-22 November 2017  
Location: Bangladesh  
Emergency type: **Rohingya Refugees Crisis**

### KEY HIGHLIGHTS

- As of 21 November 2017, the cumulative number of new arrivals in all sites was 622,000\(^1\). This number includes over 341,000 arrivals in Kutupalong Balukhali expansion site, 235,000 in other camps and settlements, and 46,000 arrivals in host communities.
- 153,765 adolescents and children received measles vaccination
- WHO Mental Health Gap Action Training commenced

### SITUATION OVERVIEW

Approximately 170 health care facilities are known to be operating across all camps and settlements. However, many of these facilities provide a basic level of services and referrals for additional services within camps and outside of the camps remains a challenge. Government hospital facilities are overcrowded and do not have the resources to cope with the high volumes of referral patients. Moreover, the services provided are not standardized and the quality of health care services varies considerably.

The latest EWARS data show that fevers of unexplained origin are the most commonly reported disease (29%), followed acute respiratory infections (27%) and acute watery diarrhoea (21%). In view of the low immunization coverage among the Rohingya population, strengthening vaccination programmes is a priority.

Potential outbreaks of diarrhoeal diseases including cholera are also a concern, given the inadequate water and sanitation facilities in camps and settlements.

WHO ACTIONS

Site allocation of health facilities
From 8 November to 14 November 2017, WHO, UNFPA, IOM, UNHCR and REACH Initiative conducted a rapid service availability mapping of health care facilities in Rohingya camps and settlements, using an assessment tool developed in consultation with health sector partners. Final results from the survey informed a gap analysis to identify zones with over and under supply of health facilities. WHO finalized a procedure for health facility land allocation in the previously uninhabited camp zones, and is reviewing expressions of interest from numerous partners to ensure rational distribution of services.

Epidemiology updates
The disease early warning and response system (EWARS) has now been functional for seven weeks. Disease trends remain relatively stable. Fever of unexplained origin was the most common type of disease reported in the latest reports from partners (29%), followed by acute respiratory infections (27%). According to EWARS, a total of 611 suspected cases of measles have been reported between 1 September and 11 November 2017. Of these, 76 cases have been tested and 68 were confirmed measles. To date, two measles-related deaths have been reported. In addition, there have now been 3 suspected diphtheria cases reported, of which 1 sample has been sent for testing (result pending) and the other two were lost to follow up. Investigations are also ongoing for 2 suspected tetanus cases and reports of acute jaundice.

Water, Sanitation and Hygiene
WHO’s second round of water quality testing began on 13th November and water sample collection and testing is ongoing, daily. In this round, 409 source water samples and 660 household water samples have been collected for testing, bringing the total number tested up to 3,102, since 24 October. WHO’s first water quality data analysis of 624 source and 1248 household water samples showed that just 35% of source samples and 7% of household samples are free from E. coli contamination. The WASH cluster has implemented interventions to address this, and results from the next round of water quality testing will help to measure improvement.

Vaccination campaigns and routine immunization
In response to the significant increase in measles cases, WHO, MoHFW and partners rapidly initiated a measles mop up campaign targeting 336,943 children under 15 for MR vaccination. In view of the urgency of the situation, the campaign started 18th November. To date, four-days into the campaign, 153,765 people have been vaccinated through both static sites and outreach, representing 46% of the target. (Annex 1). Female community leaders have helped to encourage eligible adolescent girls to present at the vaccination centers.

Preparedness for outbreaks of acute watery diarrhoea
Given the poor quality of water and sanitation in the FMD camps and settlements, WHO and health partners continue to prepare for an eventual outbreak of acute watery diarrhoea (AWD). WHO and partners have estimated the needs and gaps for treatment facilities and supplies, and WHO has helped health partners to identify additional sites to establish DTCs. A UNICEF-led training commenced on 22nd November on the case management of AWD. WHO is waiting the delivery of additional AWD kits to bolster contingency supplies and conducted a local market assessment for logistics materials. WHO has commission local manufacture of cholera beds and drums with tap as contingency stocks.

Referrals
This week, WHO initiated the collation of a directory of services to guide implementing partners on where to send which cases, both within and outside the refugee camps. This will be finalized next week. The next step is
to develop a harmonized referral guideline outlining transport means, payment requirements and administrative procedures.

**Mental Health and Psychosocial Support (MHPSS)**
WHO’s mhGAP training, which aims at scaling up services for mental, neurological and substance use disorders, commenced on 21st November. The three-day training, organized by the Directorate General of Health Services and supported by WHO, focused on priority disorders including depression, self-harm/suicide, psychoses and epilepsy. Participants included government physicians working in Teknaf and Ukhiya Upazilla Health Complexes and Sadar District hospital, and physicians and clinical psychologists from NGOs.

**Non-communicable diseases (NCDs)**
To bolster NCD diagnosis and management in government facilities, this week WHO distributed essential NCD equipment to Ukhiya and Teknaf Health Complexes, and Sadar District Hospital including blood pressure machines, blood glucometers and test strips, pulse oximeters and nebulisers, and ECG machines.

**Coordination**
There are now at least 80 health partners known to the health sector. This week, a new coordination cell is being put in place with support from WHO and World Bank to augment the coordination and service provision functions of the MoHFW. This new coordination cell led by a retired senior health official will work closely with the civil surgeon to also enhance intergovernmental coordination.

### CONTACTS

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   WHO Bangladesh  
   Email: samuelr@who.int
### Annex 1

#### MR Mop up Campaign Coverage Report 2017

<table>
<thead>
<tr>
<th>Date of the Campaign</th>
<th>Upazila</th>
<th>Estimated Target Population 6 month&lt;15 years</th>
<th>Static/ Fixed Sites</th>
<th>Outreach sites</th>
<th>Total Sites</th>
<th>Achievement Fixed site</th>
<th>Achievement outreach site</th>
<th>Total achievement</th>
<th>%</th>
<th>Number of AEFI case reported</th>
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<td>18-Nov-17</td>
<td>Ukhiya</td>
<td>22567</td>
<td>22</td>
<td>50</td>
<td>72</td>
<td>501</td>
<td>4,422</td>
<td>22209</td>
<td>98%</td>
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<td>21</td>
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<td>4,422</td>
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<td>19-Nov-17</td>
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<td>22567</td>
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<td>50</td>
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<td>781</td>
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<td>50</td>
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<td>149542</td>
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